

**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

**Facility Information**

**Facility Name:** REGENCY HOUSE (610281)  
**Address:** 615 PETERSON AVENUE, PHILLIPS, WI 54555  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 12/17/1994  
**Regional Office:** NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History**

**Survey ID:** 0096241      **End Date:** 12/20/2005      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009502    Served 01/28/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(o)	MEDICATIONS		
83.33(4)	CLIENT GROUP SPECIFIC SERVICES		

**Survey ID:** 0092165      **End Date:** 01/15/2004      **Type:** OTHER      **Purpose:** SURVEY/COMPLAINT/SELF REPORT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10009243    Served 03/17/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.21(4)(p)	PROMPT AND ADEQUATE TREATMENT	06/21/2005	Yes

*Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.*

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For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN  
Bureau of Quality Assurance  
P.O. Box 2969  
Madison WI 53701-2969

**Survey ID: 0091091      End Date: 08/11/2003      Type: STANDARD      Purpose: SURVEY/SELF REPORT**

**Results: ENFORCEMENT ACTION**

**Statement of Deficiency: #10005233    Served 10/03/2003**

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.13(3)	TRAINING	01/16/2004	Yes
83.18(3)	SAFEGUARDING OF RECORDS	01/16/2004	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	01/16/2004	Yes

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**Provider Inspection Summary**  
For the period 04/01/2003 to 03/31/2006  
Community Based Residential Facility  
CLASS CNA (NONAMBULATORY)

Enforcement History
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<b>Date: 01/26/2006</b>	<b>SOD #10009502</b>	<b>Appealed: No</b>
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Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
FORFEITURE---83.21(4)(o)  
FORFEITURE---83.33(4)

<b>Date: 03/16/2004</b>	<b>SOD #10009243</b>	<b>Appealed: No</b>
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Sanctions

PROVIDE TRAINING  
FORFEITURE---83.21(4)(p)

<b>Date: 10/01/2003</b>	<b>SOD #10005233</b>	<b>Appealed: No</b>
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Sanctions

OTHER SANCTION  
FORFEITURE---83.13(3) Training SOD 10005233

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<b>Complaint History</b>
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**Date Complaint Received: 09/04/2003**

**Date Investigation Completed: 01/16/2004**

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT RIGHTS	SUBSTANTIATED	10009243
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009243
PROGRAM SERVICES	SUBSTANTIATED	10009243

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